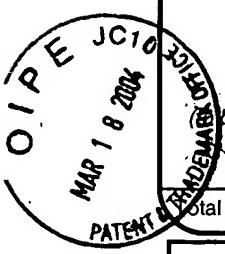


03-19-04

1751

Please type a plus sign (+) inside this box → *Image*

HDP/SB/21 based on PTO/SB/21 (08-00)



## TRANSMITTAL FORM

(be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/075,777
Filing Date	February 14, 2002
First Named Inventor	Lawrence et al.
Group Art Unit	1751
Examiner Name	Vijayakumar
Attorney Docket Number	5898-000194

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

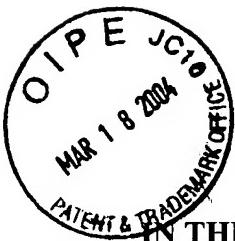
Firm or Individual name	Harness, Dickey & Pierce, P.L.C.		Attorney Name Anna M. Budde	Reg. No. 35,085
Signature	<i>Anna M Budde</i>			
Date	March 18, 2004			

## CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as express mail in an envelope addressed to: Director of the U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below.

Typed or printed name	Anna M. Budde	Express Mail Label No.	EV 406 074 753 US (3/18/2004)
Signature	<i>Anna M Budde</i>	Date	March 18, 2004

EV 406 074 753 US



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/0755,777

Filing Date: February 14, 2002

Applicant: Daniel P. Lawrence et al.

Group Art Unit: 1751

Examiner: Kallambella Vijayakumar

Title: Conductive Flexographic and Gravure Ink

Attorney Docket: 5898-194

---

Mail Stop Non-Fee Amendment  
Director of the United States Patent and Trademark Office  
P.O. Box 1450  
Alexandria, VA 22313-1450

**REPLY TO OFFICE ACTION**

Sir:

In response to the Office Action mailed December 18, 2003, please amend the application as follows and consider the remarks set forth below.

**Amendments to the Specification** begin on page Error! Bookmark not defined. of this paper.

**Amendments to the Claims** begin on page 2 of this paper.

**Remarks** begin on page 7 of this paper.